

Information Collection
Underground Injection Control (UIC) Class V Well Study
Aquifer Storage and Recovery Wells (ASR)

U.S. Environmental Protection Agency
Washington, DC 20460

NOTE: If there is a more appropriate person to complete this questionnaire, please forward it.

Please provide missing information and/or update the contact information provided below.

	Contact
State:	
Name of Contact:	
Name of Agency:	
Street Address:	
City, State Zip:	
Phone Number:	
E-mail Address:	

If you have any questions or need assistance filling out this questionnaire, please contact:

Class V Coordinator
(703) 931-8700

EPA is required to collect this information as part of its consent decree with the Sierra Club, which was amended in 1997. EPA is authorized to collect this information under § 1421 of the SDWA, 42 USC §300h. Responses to this collection are voluntary. The public reporting and recordkeeping burden for this collection of information is estimated to average 2 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division • U.S. Environmental Protection Agency (2137) • 401 M St., S.W. • Washington, D.C. 20460 • ; and to the Office of Information and Regulatory Affairs, Office of Management and Budget • 725 17th Street, N.W. • Washington, D.C. 20503 • Attention: Desk Officer for EPA. • Include the EPA ICR number and OMB control number in any correspondence. Do not send the completed form to this address.

Information Collection on Aquifer Storage and Recovery Wells (ASR)

DEFINITION: Aquifer storage and recovery (ASR) wells are used to inject fluids for later recovery and use. These wells may have a secondary purpose such as aquifer recharge. **For purposes of the study, if you have ASR wells that are injecting waste water (treated or untreated), please complete the enclosed questionnaire for sewage treatment effluent disposal wells.**

We are only asking you to submit data that has already been collected by the State and is readily available. Please answer the following questions to the extent possible based on existing data.

1. Regulations

We are obtaining regulations from the State Underground Injection Control (UIC) program. If ASR wells are regulated under a separate statute or regulation, please provide the citation(s) below or attach appropriate copies.

9 Check if attached.

2. Number of ASR Wells

2a. Indicate the number of ASR wells that can be documented in the State (excluding wells that have been permanently plugged and abandoned): _____

2b. In your judgement, does the number given in 2a accurately reflect the number of wells in the State?

9 Yes ☒ Go to Question 3.

9 No

2c. Please estimate the number of wells in the State (excluding wells that have been permanently plugged and abandoned): _____

2d. What is the source of the estimate given in 2c (e.g., survey, model, best professional judgement)?

Please explain the methodology used to derive the estimate.

3. Location of ASR Wells

Please provide the location of each ASR well in your inventory. We prefer latitude and longitude coordinates (a). If that information is not available, please provide other location information such as zip code (b), county(c), Quarter/Section/Township/Range (Q/S/T/R) coordinates, or other identifying information (d). If you have a database containing this information, you may submit this information in any format that is convenient for you instead of completing the following table. If completing the table or submitting information will be extremely time consuming or financially burdensome, please contact the Class V coordinator (see cover page). Please copy this page if you need additional lines.

NOTE: Please do not report ASR wells that inject waste water on this questionnaire.

If you have ASR wells that are injecting waste water, please report those wells on the enclosed questionnaire for sewage treatment effluent disposal wells.

One well per line please.

Unique well identifier (e.g., permit no., operator name)	PLEASE COMPLETE (a), (b), (c), OR (d). WE PREFER (a).				
	(a) Latitude/ Longitude (to minutes)		(b) Zip Code	(c) County Name	(d) Other Location Information (e.g., Q/S/T/R, UTM)
	Latitude	Longitude			

4. What is injected into ASR wells in the State?

Note: For wells that are injecting wastewater (treated or untreated) please complete the enclosed questionnaire for sewage effluent treatment wells.

Source of Injectate	Number of wells
Untreated Surface Water	
Surface Water Treated with Disinfection Only	
Surface Water Treated to Drinking Water Standards	
Other (please specify)	
Unknown	
Total*	

*Please ensure that the above total matches your response to Question 2a.

5. Number of wells owned/operated privately: _____

6. Number of wells owned/operated publicly: _____

7. Does the State have construction and/or siting requirements for these wells?

9 Yes ☐ Please describe briefly below, or attach appropriate information. **9** Check if information attached.

9 No ☐ Go to Question 9.

8. Does the State conduct inspections or review records to ensure that construction/siting requirements are met?

9 Yes ☒ Please describe briefly below.

9 No

9. Does the State have operating requirements (e.g., contaminant limits, monitoring requirements) for these wells?

9 Yes ☒ Please describe briefly below, or attach appropriate information. 9 Check if information attached.

9 No ☒ Go to Question 11.

10. Does the State conduct inspections or review records to ensure that operating requirements are met?

9 Yes ☒ Please describe briefly below.

9 No

11. In deciding whether to approve ASR wells or in setting operating requirements for ASR wells, do you consider the ambient ground water quality in the injection zone?

☐ Yes ☒ Please describe briefly below, or attach appropriate information. ☐ Check if information attached.

☐ No

12. Have there been any incidents in your State in which an ASR well contributed to contamination of an Underground Source of Drinking Water (USDW)? Contamination can include exceedances of Federal or State drinking water standards, ground water standards, or health advisory levels.

☐ Yes ☒ If any study or description of the incident exists, please provide us a copy. If not, please provide a brief summary for each incident. To the extent this information is available, include a description of what happened, the impact on ground water quality or drinking water wells (public or private), the date of the incident, the name of the city or county in which the incident occurred, and the name and phone number of a contact for follow up. ☐ Check if description(s) attached.

☐ No

☐ Don't Know

Please Go To Page 6 and Complete the Additional Contacts Section.
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Additional Contacts

Please list individuals that could help answer our questions on aquifer storage and recovery wells. Include individuals from other State programs, local programs, or institutions such as universities, as appropriate.

Name/Title: _____	Name/Title: _____
Affiliation: _____	Affiliation: _____
Street Address: _____ _____	Street Address: _____ _____
Telephone Number: _____	Telephone Number: _____

Thank you for your assistance.

Please remember to:

☐ Attach appropriate information.

☐ Return this questionnaire

In the pre-paid Federal Express envelope to:

Class V Study Coordinator

4900 Seminary Road

Suite 600

Alexandria, VA 22311

By fax to:

Class V Study Coordinator

(703) 931-8701